

PC-W

**STATE OF ALABAMA**  
**DEPARTMENT OF INSURANCE**  
QUARTERLY PREMIUM TAX STATEMENT – NON-PROFIT HOSPITALIZATION  
**Quarterly Period Ending June 30, \_\_\_\_\_**  
(Due no later than August 15, \_\_\_\_\_)

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**INSTRUCTIONS**

**PENALTIES** – Any Company failing to file its Premium Tax Return (even if no tax is due) or failing to pay such estimated taxes on a timely basis shall be subject to a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner.

**RETURNS POST MARKED ON THE DUE DATE WILL BE ACCEPTED.**

**Please use the following checklist to assure that all the necessary items are included with your Premium Tax Filing.**

- ( ) Each quarter's payment may be paid on Estimated or Actual premiums.
- ( ) Make checks payable to the: Alabama Department of Insurance. **We Do Not have an EFT account at this time.**
- ( ) Mail this RETURN and a CHECK to the address below:

**POSTAL SERVICE**

Alabama Department of Insurance  
c/o Compass Bank  
P.O. Box 830691  
Birmingham, AL 35283-0691

**COURIER OR EXPRESS SERVICE**

Alabama Department of Insurance  
c/o Compass Bank  
701 South 32<sup>nd</sup> Street  
Birmingham, AL 35233

NAIC#: \_\_\_\_\_

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
Preparer's Signature

\_\_\_\_\_  
Name and Title (Print)

\_\_\_\_\_  
Telephone No.

**PLEASE FILL-IN**

**1. PREMIUM TAX PAID:** (reverse side, line 9)

**PC:**

\$

**2. Check No.:** -----

**STATE OF** \_\_\_\_\_ **COUNTY OF** \_\_\_\_\_

**Personally appeared before the undersigned attesting officer(Name)** \_\_\_\_\_

**Who says he/she is (Title)** \_\_\_\_\_ **of the above company and the above statement is true and correct to the best of his/her knowledge.**

**SWORN TO AND SUBSCRIBED before me this** \_\_\_\_ **day of** \_\_\_\_\_, 19 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

NON – PROFIT HOSPITALIZATION  
Quarterly Period Ending June 30, \_\_\_\_\_  
(Due no later than May15, \_\_\_\_\_)

PC-W

NAIC# \_\_\_\_\_

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	TAXABLE PREMIUMS			
<u>ACTUAL:</u>		<u>THIS QUARTER</u>	<u>TAX RATE</u>	<u>TAX</u>
3. Health:				
a)Groups less than 50 participants		\$ _____	X 180% X .5% =	\$ _____
b)Other Health, excluding insurance supplementary to Medicaid or Medicare & employer sponsored, governmental sponsored group insurance		\$ _____	X 180% X 1.6% =	\$ _____
4. GROSS PREMIUM TAX DUE - ACTUAL BASIS				\$ _____

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	TAXABLE PREMIUMS			
<u>ESTIMATED:</u>		<u>PREVIOUS YEAR</u>	<u>TAX RATE</u>	<u>TAX</u>
5. Health:				
a)Groups less than 50 participants		\$ _____	X 45% X .5% =	\$ _____
b)Other Health, excluding insurance supplementary to Medicaid or Medicare & employer sponsored, governmental sponsored group insurance		\$ _____	X 45% X 1.6% =	\$ _____
6. GROSS TAX DUE - ESTIMATED BASIS				\$ _____
7. 25% of deductible expenses paid or estimated to be paid				\$ _____
8. LESS: Prior Year Overpayment				\$ _____
9. NET PREMIUM TAX DUE (line 4 or line 6 minus lines 7 and 8)				\$ _____

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Report the Amount Paid, Check Number, and Date of Check in the following schedule.

TAXES PAID:	1 <sup>st</sup> Quarter	\$ _____	Check No. _____	Date paid _____
	2 <sup>nd</sup> Quarter	\$ _____	Check No. _____	Date paid _____
	3 <sup>rd</sup> Quarter	\$ _____	Check No. _____	Date paid _____